

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Jim Forsythe for Congress

ADDRESS (number and street) 51 Lakeshore Drive
 Check if different than previously reported. (ACC)
Strafford NH 03884

2. **FEC IDENTIFICATION NUMBER** C00447052
CITY **STATE** **ZIP CODE** **STATE** **DISTRICT**
3. IS THIS REPORT NEW (N) OR AMENDED (A)
NH 01

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [] [] [] in the State of []
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [] [] [] in the State of []

5. Covering Period 04 01 2008 through 06 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Kelli Duggan

Signature of Treasurer Electronically Filed by Kelli Duggan Date 07 15 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Jim Forsythe for Congress

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	1560.08	102185.95
(b) Total Contribution Refunds (from Line 20(d)).....	50821.11	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-49261.03	102185.95
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	4244.27	30755.97
(b) Total Offsets to Operating Expenditures (from Line 14).....	231.94	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	4012.33	30755.97
8. Cash on Hand at Close of Reporting Period (from Line 27).....	13156.62	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
Jim Forsythe for Congress

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

1000.00

60630.00

(ii) Unitemized.....

560.08

38340.95

(iii) TOTAL of contributions

1560.08

98970.95

from individuals..... ▶

0.00

2000.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

0.00

0.00

(d) The Candidate.....

0.00

1215.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

1560.08

102185.95

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.).....

231.94

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

1792.02

102185.95

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	4244.27	30755.97
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	50821.11	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	50821.11	0.00
21. OTHER DISBURSEMENTS.....	5000.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	60065.38	30755.97

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	71429.98
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	1792.02
25. SUBTOTAL (add Line 23 and Line 24).....	73222.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	60065.38
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	13156.62

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 / 25
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Jim Forsythe for Congress

A. Full Name (Last, First, Middle Initial)
Jason M Scheuer

Mailing Address 307 Trinity Court

City State Zip Code
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Wachovia Private Money Manager

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
04 / 02 / 2008

Transaction ID: SA11AI.8030

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
Jason M Scheuer

Mailing Address 307 Trinity Court

City State Zip Code
Princeton NJ 08540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Wachovia Private Money Manager

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
04 / 05 / 2008

Transaction ID: SA11AI.8003

Amount of Each Receipt this Period
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ► **1000.00**

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 25
(check only one)

11a 11b 11c 11d
 12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Jim Forsythe for Congress

A.

Full Name (Last, First, Middle Initial)
Comfort Inn

Mailing Address 6254 Duke Street

City State Zip Code
Alexandria VA 22312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
231.94

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 8

Transaction ID: SA14.8138

Amount of Each Receipt this Period
231.94

Trip to DC duplicate hotel charge
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)	▶	231.94
TOTAL This Period (last page this line number only)	▶	231.94

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Jim Forsythe for Congress

A.	Full Name (Last, First, Middle Initial) Kelli Duggan	Transaction ID: SB17.7832 Date of Disbursement 04 / 16 / 2008
	Mailing Address 41 Lakeshore Drive	Amount of Each Disbursement this Period 475.00
	City: Strafford State: NH Zip Code: 03884	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Treasurer Fees Candidate Name: Jim Forsythe for Congress Category/Type: 001	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Kelli Duggan	Transaction ID: SB17.7891 Date of Disbursement 05 / 09 / 2008
	Mailing Address 41 Lakeshore Drive	Amount of Each Disbursement this Period 400.00
	City: Strafford State: NH Zip Code: 03884	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Bookkeeping Services Candidate Name: Jim Forsythe for Congress Category/Type: 001	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Kelli Duggan	Transaction ID: SB17.8155 Date of Disbursement 06 / 30 / 2008
	Mailing Address 41 Lakeshore Drive	Amount of Each Disbursement this Period 400.00
	City: Strafford State: NH Zip Code: 03884	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Bookkeeping expense/FEC reporting Candidate Name: Jim Forsythe for Congress Category/Type: 001	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	1275.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Jim Forsythe for Congress

A.

Full Name (Last, First, Middle Initial)
Jonathan Bylek

Mailing Address 5062 27th st N

City Arlington State VA Zip Code 22207

Purpose of Disbursement
Fundraising Consulting

003
Category/
Type

Candidate Name
Jim Forsythe for Congress

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NH District: 01

Transaction ID: SB17.8044
Date of Disbursement

04 / 17 / 2008

Amount of Each Disbursement this Period

400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Mareesa Orth

Mailing Address 721 Manor Ave

City Traverse City State MI Zip Code 49686

Purpose of Disbursement
Website design consulting

001
Category/
Type

Candidate Name
Jim Forsythe for Congress

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NH District: 01

Transaction ID: SB17.8082
Date of Disbursement

06 / 04 / 2008

Amount of Each Disbursement this Period

518.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Papergraphics

Mailing Address 4 John Tyler Street Suite A

City Merrimack State NH Zip Code 03054

Purpose of Disbursement
Printing expenses

003
Category/
Type

Candidate Name
Jim Forsythe for Congress

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NH District: 01

Transaction ID: SB17.8137
Date of Disbursement

04 / 11 / 2008

Amount of Each Disbursement this Period

301.94

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1219.94

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 25

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Jim Forsythe for Congress

A.	Full Name (Last, First, Middle Initial) TEAM SUNUNU		Transaction ID: SB17.7928	
	Mailing Address PO BOX 500		Date of Disbursement 04 / 29 / 2008	
	City RYE	State NH	Zip Code 03870	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contribution		011 Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Candidate Name Jim Forsythe for Congress			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: NH	District: 01		

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

3994.94

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Jim Forsythe for Congress

A.

Full Name (Last, First, Middle Initial)
William Albenzi

Transaction ID: SB20A.7906
Date of Disbursement

Mailing Address 174 Derry Rd

City Hudson State NH Zip Code 03051

Amount of Each Disbursement this Period

Purpose of Disbursement
Refund 1st qtr 2008 contribution

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name
Jim Forsythe for Congress

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NH District: 01

B.

Full Name (Last, First, Middle Initial)
John Barr

Transaction ID: SB20A.7902
Date of Disbursement

Mailing Address 380 Shelbourne Terrace

City Ridgewood State NJ Zip Code 07450

Amount of Each Disbursement this Period

Purpose of Disbursement
1st qtr 2008 contribution refund

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name
Jim Forsythe for Congress

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NH District: 01

C.

Full Name (Last, First, Middle Initial)
James Brausch

Transaction ID: SB20A.8097
Date of Disbursement

Mailing Address 520 C North Main Street #211

City Heber City State UT Zip Code 84032

Amount of Each Disbursement this Period

Purpose of Disbursement
1st qtr contribution refunded

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name
Jim Forsythe for Congress

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NH District: 01

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Jim Forsythe for Congress

A.	Full Name (Last, First, Middle Initial) David Brown Mailing Address 1608 Cambridge Cir City Charlottesville State VA Zip Code 22903 Purpose of Disbursement 1st qtr 2008 contribution refund Candidate Name Jim Forsythe for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB20A.7858 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 8 Amount of Each Disbursement this Period 325.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Mary Brumder Mailing Address 3476 iris ct City boulder State CO Zip Code 80304 Purpose of Disbursement 1st qtr 2008 contribution refund Candidate Name Jim Forsythe for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB20A.7876 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 8 Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Anne Campbell Mailing Address 5843 Rosetta St City Dearborn Hts State MI Zip Code 48127 Purpose of Disbursement 1st qtr 2008 contribution refund Candidate Name Jim Forsythe for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB20A.7903 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 8 Amount of Each Disbursement this Period 400.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	1025.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 12 / 25

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Jim Forsythe for Congress

<p>A. Full Name (Last, First, Middle Initial) Jean Carlton</p> <p>Mailing Address 124 Folly Road Blvd.</p> <p>City Charleston State SC Zip Code 29407</p> <p>Purpose of Disbursement 1st qtr 2008 contribution refund</p> <p>Candidate Name Jim Forsythe for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB20A.7851</p> <p>Date of Disbursement 04 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Raymond Carlton</p> <p>Mailing Address 23176 Woodland Acres Rd.</p> <p>City California State MD Zip Code 20619</p> <p>Purpose of Disbursement 1st qtr 2008 contribution refund</p> <p>Candidate Name Jim Forsythe for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB20A.7853</p> <p>Date of Disbursement 04 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Robert Ceske</p> <p>Mailing Address 165 Brewster Rd.</p> <p>City Scarsdale State NY Zip Code 10583</p> <p>Purpose of Disbursement 1st qtr 2008 contribution refund</p> <p>Candidate Name Jim Forsythe for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB20A.7900</p> <p>Date of Disbursement 05 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional)	5100.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Jim Forsythe for Congress

A.

Full Name (Last, First, Middle Initial)
Peter de Bruyn Kops

Mailing Address 379 Amherst St 222

City State Zip Code
Nashua NH 03063

Purpose of Disbursement
1st qtr 2008 contribution refund

Candidate Name
Jim Forsythe for Congress

Office Sought: House
 Senate
 President

State: NH District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

010
Category/
Type

Transaction ID: SB20A.7978
Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
d w demers

Mailing Address 22 Colebourne Road

City State Zip Code
Rochester NY 14609

Purpose of Disbursement
1st qtr contribution refunded 2008

Candidate Name
Jim Forsythe for Congress

Office Sought: House
 Senate
 President

State: NH District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

010
Category/
Type

Transaction ID: SB20A.8088
Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Kelli Duggan

Mailing Address 41 Lakeshore Drive

City State Zip Code
Strafford NH 03884

Purpose of Disbursement
1st qtr 2008 contribution refund

Candidate Name
Jim Forsythe for Congress

Office Sought: House
 Senate
 President

State: NH District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

010
Category/
Type

Transaction ID: SB20A.7838
Date of Disbursement

04 / 19 / 2008

Amount of Each Disbursement this Period

100.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

700.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Jim Forsythe for Congress

A.

Full Name (Last, First, Middle Initial)
David Einhorn

Transaction ID: SB20A.8108
Date of Disbursement

Mailing Address 11 Sunset Road

/ /

City Rye State NY Zip Code 10580

Amount of Each Disbursement this Period

Purpose of Disbursement
1st qtr contribution refunded

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name
Jim Forsythe for Congress

Office Sought: House Senate President
State: NH District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
David Forsythe

Transaction ID: SB20A.7819
Date of Disbursement

Mailing Address 101 silverwood lane

/ /

City Silverton State OR Zip Code 97381

Amount of Each Disbursement this Period

Purpose of Disbursement
1st qtr 2008 contribution refund

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name
Jim Forsythe for Congress

Office Sought: House Senate President
State: NH District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
Maik Geng

Transaction ID: SB20A.8099
Date of Disbursement

Mailing Address 44 Nylander Way

/ /

City Acton State MA Zip Code 01720

Amount of Each Disbursement this Period

Purpose of Disbursement
1st qtr contribution refunded

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name
Jim Forsythe for Congress

Office Sought: House Senate President
State: NH District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Jim Forsythe for Congress

A.	Full Name (Last, First, Middle Initial) john girouard Mailing Address 2 cassie cove rd City center ossipee State NH Zip Code 03814 Purpose of Disbursement 1st qtr contribution refunded Candidate Name Jim Forsythe for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB20A.8085 Date of Disbursement 05 / 09 / 2008 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Dean Head Mailing Address 16307 Rock Ln City Culpeper State VA Zip Code 22701 Purpose of Disbursement 1st qtr 2008 contribution refund Candidate Name Jim Forsythe for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB20A.7860 Date of Disbursement 04 / 09 / 2008 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) John Hensarling Mailing Address 7998 Hwy 79 City Greenwood State LA Zip Code 71033 Purpose of Disbursement 1st qtr contribution refunded Candidate Name Jim Forsythe for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB20A.8101 Date of Disbursement 05 / 09 / 2008 Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Jim Forsythe for Congress

A.

Full Name (Last, First, Middle Initial)
Robert Hull

Transaction ID: SB20A.7896
Date of Disbursement

Mailing Address 12 Liberty Ln

City Grafton State NH Zip Code 03240

Amount of Each Disbursement this Period

Purpose of Disbursement
1st qtr 2008 contribution refund

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name
Jim Forsythe for Congress

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NH District: 01

B.

Full Name (Last, First, Middle Initial)
Evan Isaac

Transaction ID: SB20A.7894
Date of Disbursement

Mailing Address 344 East 62nd St, Apt14

City New York State NY Zip Code 10021

Amount of Each Disbursement this Period

Purpose of Disbursement
1st qtr 2008 contribution refund

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name
Jim Forsythe for Congress

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NH District: 01

C.

Full Name (Last, First, Middle Initial)
Glenn Jacobs

Transaction ID: SB20A.8100
Date of Disbursement

Mailing Address 790 Locket Lane

City Jefferson City State TN Zip Code 37760

Amount of Each Disbursement this Period

Purpose of Disbursement
1st qtr contribution refunded

Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name
Jim Forsythe for Congress

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NH District: 01

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Jim Forsythe for Congress

<p>A. Full Name (Last, First, Middle Initial) Avery Knapp</p> <p>Mailing Address 340 E. 80th St. Apt. 17A</p> <p>City New York State NY Zip Code 10021</p> <p>Purpose of Disbursement 1st qtr 2008 contribution refund</p> <p>Candidate Name Jim Forsythe for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB20A.7857</p> <p>Date of Disbursement 04 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Richard Koshgerian</p> <p>Mailing Address 24 Gardens Road</p> <p>City Ocean City State NJ Zip Code 08226</p> <p>Purpose of Disbursement 1st qtr contribution refunded</p> <p>Candidate Name Jim Forsythe for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB20A.8083</p> <p>Date of Disbursement 05 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 700.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) Barbara Lizardo</p> <p>Mailing Address 9717 Water Oak Dr</p> <p>City Fairfax State VA Zip Code 22031</p> <p>Purpose of Disbursement 1st qtr 2008 contribution refund</p> <p>Candidate Name Jim Forsythe for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB20A.7895</p> <p>Date of Disbursement 05 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2200.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Jim Forsythe for Congress

A.	Full Name (Last, First, Middle Initial) Bill McNally	Transaction ID: SB20A.8133 Date of Disbursement 05 / 09 / 2008
	Mailing Address 7 Blueberry Road	Amount of Each Disbursement this Period 500.00
	City Windham State NH Zip Code 03087	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement 1st qtr contribution refunded Candidate Name Jim Forsythe for Congress Category/Type 010	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) thomas miller	Transaction ID: SB20A.7901 Date of Disbursement 05 / 09 / 2008
	Mailing Address 1 East Stark Street	Amount of Each Disbursement this Period 500.00
	City Nashua State NH Zip Code 03064	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement 1st qtr 2008 contribution refund Candidate Name Jim Forsythe for Congress Category/Type 010	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Alfred Niebrzydowski	Transaction ID: SB20A.7859 Date of Disbursement 04 / 09 / 2008
	Mailing Address 62 Forest St	Amount of Each Disbursement this Period 600.00
	City Peabody State MA Zip Code 01960	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement 1st qtr 2008 contribution refund Candidate Name Jim Forsythe for Congress Category/Type 010	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Jim Forsythe for Congress

A.

Full Name (Last, First, Middle Initial)
Charles Parker

Mailing Address 585 Holly Hall Road

City Boydton State VA Zip Code 23917

Purpose of Disbursement
1st qtr contribution refunded 2008

Candidate Name
Jim Forsythe for Congress

Office Sought: House
 Senate
 President

State: NH District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

010
Category/
Type

Transaction ID: SB20A.8084
Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Jonathan Perlow

Mailing Address 1151 Church St
Apt 2

City San Francisco State CA Zip Code 94114

Purpose of Disbursement
1st qtr contribution refunded

Candidate Name
Jim Forsythe for Congress

Office Sought: House
 Senate
 President

State: NH District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

010
Category/
Type

Transaction ID: SB20A.8096
Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

750.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Dan Phelann

Mailing Address PO Box 83

City Center Strafford State NH Zip Code 03815

Purpose of Disbursement
1st qtr 2008 contribution refund

Candidate Name
Jim Forsythe for Congress

Office Sought: House
 Senate
 President

State: NH District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

010
Category/
Type

Transaction ID: SB20A.7897
Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1750.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Jim Forsythe for Congress

A.

Full Name (Last, First, Middle Initial)
Neva Ralston

Transaction ID: SB20A.7852
Date of Disbursement

Mailing Address 430 Oakmont Ln

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	0	8

City Charleston State SC Zip Code 29412

Amount of Each Disbursement this Period

Purpose of Disbursement
1st qtr 2008 contribution refund

010

Category/
Type

2300.00

Candidate Name
Jim Forsythe for Congress

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NH District: 01

B.

Full Name (Last, First, Middle Initial)
Clifford Rhoades Jr

Transaction ID: SB20A.7893
Date of Disbursement

Mailing Address 44 Kanani Rd Apt 1-307

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

City Kihei State HI Zip Code 96753

Amount of Each Disbursement this Period

Purpose of Disbursement
1st qtr 2008 contribution refund

010

Category/
Type

2300.00

Candidate Name
Jim Forsythe for Congress

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NH District: 01

C.

Full Name (Last, First, Middle Initial)
Michael Rolish

Transaction ID: SB20A.7905
Date of Disbursement

Mailing Address 333 E 56th Street Apt 2G

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

City New York State NY Zip Code 10022

Amount of Each Disbursement this Period

Purpose of Disbursement
1st qtr 2008 contribution refund

010

Category/
Type

400.00

Candidate Name
Jim Forsythe for Congress

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought: House Senate President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NH District: 01

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

TOTAL This Period (last page this line number only) ▶

--

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Jim Forsythe for Congress

A.

Full Name (Last, First, Middle Initial)
Russell Sabanek

Transaction ID: SB20A.7856
Date of Disbursement

Mailing Address 258 Sewall Road

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	0	8

City State Zip Code
Wolfeboro NH 03894

Amount of Each Disbursement this Period

2300.00

Purpose of Disbursement
1st qtr 2008 contribution refund

010
Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name
Jim Forsythe for Congress

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NH District: 01

B.

Full Name (Last, First, Middle Initial)
Jasper Schaible

Transaction ID: SB20A.8098
Date of Disbursement

Mailing Address 5340 Toscana Way
Apt. F202

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

City State Zip Code
San Diego CA 92122

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
1st qtr contribution refunded

010
Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name
Jim Forsythe for Congress

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NH District: 01

C.

Full Name (Last, First, Middle Initial)
Jason M Scheuer

Transaction ID: SB20A.8005
Date of Disbursement

Mailing Address 307 Trinity Court

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

City State Zip Code
Princeton NJ 08540

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
2nd qtr 2008 contribution refunded

010
Category/
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name
Jim Forsythe for Congress

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: NH District: 01

SUBTOTAL of Disbursements This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

--

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Jim Forsythe for Congress

A.	Full Name (Last, First, Middle Initial) Conor Sen Mailing Address 2055 Oak Street #2 City San Francisco State CA Zip Code 94102 Purpose of Disbursement 1st qtr 2008 contribution refund Candidate Name Jim Forsythe for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB20A.7907 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 8	Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Jeffrey Skinner Mailing Address PO BOX 7007 City NORTHRIDGE State CA Zip Code 91327 Purpose of Disbursement 1st qtr 2008 contribution refund Candidate Name Jim Forsythe for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB20A.7899 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 8	Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Caitlin Smith Mailing Address 81 Huron Ave #1 City Cambridge State MA Zip Code 02138 Purpose of Disbursement 1st qtr contribution refunded Candidate Name Jim Forsythe for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB20A.8087 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 8	Amount of Each Disbursement this Period 350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶	1100.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Jim Forsythe for Congress

A.

Full Name (Last, First, Middle Initial)
Jack Thorsen

Mailing Address 136 Cabot St.

City Portsmouth State NH Zip Code 03801

Purpose of Disbursement
1st qtr 2008 contribution refund

Candidate Name
Jim Forsythe for Congress

Office Sought: House
 Senate
 President

State: NH District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

010
Category/
Type

Transaction ID: SB20A.7904
Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
eric trafficie

Mailing Address 1050 turnpike road

City new ipswich State NH Zip Code 03071

Purpose of Disbursement
1st qtr 2008 contribution refund

Candidate Name
Jim Forsythe for Congress

Office Sought: House
 Senate
 President

State: NH District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

010
Category/
Type

Transaction ID: SB20A.7898
Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Brian Travis

Mailing Address 17011 Lincoln Ave
Suite 105

City Parker State CO Zip Code 80134

Purpose of Disbursement
1st qtr 2008 contribution refund

Candidate Name
Jim Forsythe for Congress

Office Sought: House
 Senate
 President

State: NH District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

010
Category/
Type

Transaction ID: SB20A.7862
Date of Disbursement

04 / 09 / 2008

Amount of Each Disbursement this Period

300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1200.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Jim Forsythe for Congress

A.

Full Name (Last, First, Middle Initial)
Elizabeth Viering

Mailing Address 81 Tipping Rock Rd

City State Zip Code
Stonington CT 06378

Purpose of Disbursement
1st qtr 2008 contribution refund

Candidate Name
Jim Forsythe for Congress

Office Sought: House
 Senate
 President

State: NH District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

010
Category/
Type

Transaction ID: SB20A.7863

Date of Disbursement

04 / 09 / 2008

Amount of Each Disbursement this Period

250.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)
Mark Warden

Mailing Address 497 HOOKSETT RD. #256

City State Zip Code
MANCHESTER NH 03104

Purpose of Disbursement
1st qtr 2008 contribution refund

Candidate Name
Jim Forsythe for Congress

Office Sought: House
 Senate
 President

State: NH District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

010
Category/
Type

Transaction ID: SB20A.7861

Date of Disbursement

04 / 09 / 2008

Amount of Each Disbursement this Period

400.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)
Will Wohler

Mailing Address 4115 Trail Lake Dr

City State Zip Code
Ft. Worth TX 76109

Purpose of Disbursement
1st qtr contribution refunded

Candidate Name
Jim Forsythe for Congress

Office Sought: House
 Senate
 President

State: NH District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

010
Category/
Type

Transaction ID: SB20A.8086

Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

500.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

35075.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 25

<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
Jim Forsythe for Congress

A.

Full Name (Last, First, Middle Initial)
NH STATE Republican Liberty PAC

Mailing Address 51 Lakeshore Dive

City State Zip Code
Strafford NH 03884

Purpose of Disbursement
NH State PAC created by Jim Forsythe

Candidate Name
Jim Forsythe for Congress

Office Sought: House
 Senate
 President

State: NH District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

008
Category/
Type

Transaction ID: SB21.8153

Date of Disbursement

05 / 18 / 2008

Amount of Each Disbursement this Period

5000.00

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

TOTAL This Period (last page this line number only) ►

5000.00